

# State Fiscal Year 2018 Community-based Primary Care Clinic Grant Application Submission Instructions

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This document was created by the Office of Primary Care & Rural Health to guide new and existing CBPCC grantees through the process of completing the application on Catalyst.



## SUBMISSION DEADLINE AND REQUIRED SUBMISSION COMPONENTS

**ALL APPLICANTS** must submit the SFY 2018 Community-based Primary Care Clinic Aid-to-Local Grant application electronically via the Catalyst web-based system. All Aid applications materials (describe in detailed in this document) must be submitted through Catalyst by 5:00pm (CST) on **March 15, 2017**. **No late applications will be accepted.**

Applicants must also submit the following information by 5:00pm (CST) on **March 31, 2017**:

- **RETURNING CLINICS:** Submission of patient utilization as well as clinical and business measures through the online Quality Reporting System.
- **RETURNING CLINICS & NEW APPLICANTS:** Reporting of aggregated Patient & Visit data reflecting calendar years 2014, 2015, and 2016. Clinics must submit the following information via QRS OR the Office's online survey tool:
  - Total, Unduplicated ALL Patients
  - Total, Unduplicated Medical Services Patients
  - Total, Unduplicated Dental Patients
  - Percent of ALL Unduplicated Patients with "Unknown Income Level"  
*(If percent of unknown is more the 25%, clinics will be expected to provide explanation)*
  - Percent of ALL Unduplicated Patients with Income under 100% FPL
  - Percent of ALL Unduplicated Patients with Income at/below 200% FPL
  - Total Medical Services Visits
  - Total Dental Visits
- **NEW APPLICANTS:** Complete and submit the CBPCC New Applicant Packet to the Office of Primary Care and Rural Health.  
New clinics will receive this packet from the Office upon the receipt of the organization's written request indicating their intent to apply. Intent to apply requests must be emailed to the Office at [primarycare@ks.gov](mailto:primarycare@ks.gov) no later than March 1, 2017. Entities must include the following information/items when submitting their intent to apply:
  - Physical address of clinic
  - Short description of the geographic area it services (no more than 2 to 3 sentences)
  - Name and contact information (phone and email) of the clinic's administrator/director
  - Primary and Secondary point of contact
  - Proof of not-for-profit or publicly-funded status
  - Copy of clinic's policy of non-discrimination in the provision of health care services, including *but not limited to* race, ethnicity, religion, or national origin.

Upon receipt of the above items, the Office of will review the documentation to assure the new applicant meets qualifications to apply for the CBPCC Grant Program and will provide a response back within 3 to 4 business days.

## STEPS TO ACCESS APPLICATION IN CATALYST

All application materials, with the exception of QRS data, must be filed electronically using the Catalyst system. Catalyst is a web-based software and does not require installation.

Navigating Catalyst: <http://www.kdheks.gov/doc lib/download/Navigating in Catalyst.pdf>

Overview, resetting your password, and basic navigation.

Catalyst FAQs: <http://www.kdheks.gov/doc lib/download/Catalyst FAQs.pdf>

Guidance for External Grantees:

[www.kdheks.gov/doc lib/download/Guidance for External Grantees to Log into Catalyst.pdf](http://www.kdheks.gov/doc lib/download/Guidance for External Grantees to Log into Catalyst.pdf)

How to log in, add an application, add attachments, and enter a budget.

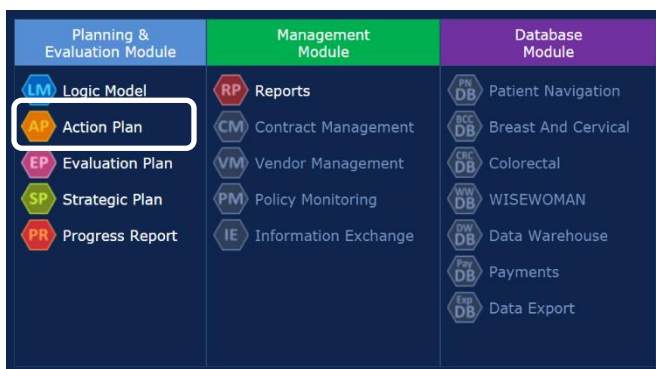
If you are a *current grantee* and you need access to the Catalyst System, please email us at [primarycare@ks.gov](mailto:primarycare@ks.gov).

If you are a *new applicant*, email us for instructions on how to start the application.

### Getting To Application:

**Step 1.** Log-in to [www.catalystserver.com](http://www.catalystserver.com) your username and password. If you do have a username and password, please the "Access Questions" in the Catalyst section.

**Step 2.** Open the home menu by clicking home icon in the top left corner of the Select "Action Plan" under "Planning & Evaluation Module".



with  
not  
refer to

the  
page.

**Step 3.** On the left side of the screen, you will be asked plan you want to view. Select "Application".

What type of plans do you want to view?

☒ Application ☐ Archive  
☒ Implementation ☐ Review

the type of

**Step 4.** To add the CBPCC grant program application, next to the plan name. Make sure you have selected the correct plan for 2017-2018.

click

**Step 5.** Each section of the application is listed on the left side of the screen and can be seen by expanding the list. You can use this to navigate the application.

**Step 6.** Attachments may be uploaded within each item and on the "Plan Details" page. The "New Attachment" form will appear. Enter the name and description of the attachment, and once you have uploaded the document, click ☒ to save.

## APPLICATION SECTIONS IN CATALYST

There are three sections you will fill out on the Catalyst system: A.1 – A.3. Below you will find an overview of each section, as well as the data and documents you can begin to collect to prepare for the application.

### *SECTION A.1: APPLICATION REQUEST SUMMARY / BUDGET*

The first section is intended to define your clinic status, and provide grant budget related documents. You will denote whether you are a new or returning clinic, fill out a budget section, and upload budget documents. The information provided in this section will be reviewed by Office Program staff and Aid-to-Local Fiscal staff for completeness and accuracy. (Information provided in this section is not scored.)

Returning Applicants should complete the budget request for up to \$50,000 or based on the clinic's funding award level from the current state fiscal year – July 1, 2016 to June 30, 2017. Should a change in the funding award occur for the upcoming fiscal year, the clinics will be asked to submit revised budget documentation by July 15 of the new fiscal year.

New Applicants may submit a budget request for no more than \$50,000. Should the new applicant be awarded funding for the upcoming fiscal year, the clinics may be asked to submit revised or additional budget documentation by July 15 of the new fiscal year.

#### DOCUMENTS TO BE UPLOADED IN SECTION:

1. Detailed Budget Table  
*Outlines itemized expenditures by category, local match requirement, and state grant request. Applicants must use the <CBPCC Budget Worksheet> excel file template.*
2. Budget Narrative  
*Describes the amount requested for each budget category outlined in the budget table, with a brief description of how these categorical funds will be used to meet grant requirements. Applicants must use the <SFY2018 CBPCC Budget Narrative> word file template.*
3. Certification of In-Kind Donations (if applicable)  
*This form is required for all applicants reporting Non-cash/In-kind contributions in their Detailed Budget Table. Applicants must use the <SFY 2018 Certification of In-kind Contributions> word file template.*

Reminder: All budget documents should be reflecting for the SFY 2018, which starts July 1, 2017 and ends June 30, 2018.

#### COMPLETING CATALYST BUDGET SECTION

Applicant must also enter summary budget information into Catalyst's budget sections. This is done using information from the <CBPCC Budget Worksheet> and entering the CATEGORY TOTALS into Catalyst.

**Step 1.** *Go to the Budget section in Catalyst.*

**Step 2.** *Click "Add budget line" and a blank new budget line should appear.*

**Step 3.** Select the category from dropdown (these categories should mirror those listed in the CBPCC Budget Worksheet)

	General Primary Care	Dental Assistance	Prescription Assistance	CBPCC Grant AWARD
<b>Health Services - Contract Personnel</b>				
Contract Personnel				
HEALTH SERVICES CATEGORY TOTAL				\$ -
<b>Health Services - Pharmaceuticals/Prescriptions</b>				
Pharmaceuticals				
340B Discounts				
HEALTH SERVICES CATEGORY TOTAL				\$ -

**Step 4.** Select Appropriate Type. Please Note: Applicants need to enter CATEGORY TOTALS from the CBPCC Budget Worksheet for both the Applicant's Local Match and the Requested Grant Award

When entering Local Match Information, select "MATCH".

When entering Grant Budget Request, select "REQUEST"

	Cash Match	Non-Cash Donation	CLINIC LOCAL MATCH TOTAL	General Primary Care	Dental Assistance	CBPCC Grant AWARD
<b>Health Services - Contract Personnel</b>						
Contract Personnel						
HEALTH SERVICES CATEGORY TOTAL			\$ -			\$ -
<b>Health Services - Pharmaceuticals/Prescriptions</b>						
Pharmaceuticals						
340B Discounts						
HEALTH SERVICES CATEGORY TOTAL						\$ -

**Step 5.** Complete the Remaining Budget Fields as follows

- Short description. (optional)
- Cost = Amount in Listed in CBPCC Budget Worksheet
- Quantity = 100
- Unit = %

**Step 6.** Click "Calculate" to calculate total and Click the "Blue checkmark" to save the budget line.

**Step 7.** To add another budget line click "Add Budget Line" and repeat steps.

## SECTION A.2: BASIC CLINIC INFORMATION

This section is intended to provide basic clinic information including clinic sites, a summary of the clinic financials. The information provided in this section will be reviewed by Office Program staff for completeness and accuracy. (Information provided in this section is not scored.)

### INFORMATION TO ENTER INTO CATALYST FIELDS:

Applicants are asked to answer a short set of questions about the length of time for patients (new and existing, scheduled and walk-in) to be seen for a routine appointment at clinic.

**Questions 1 through 4** should be answered if applicants provides general primary care services.

**Questions 5 through 8** should be answered if applicants provides dental/oral health services.

#### DOCUMENTS TO BE UPLOADED IN SECTION:

1. Clinic Site Table  
*Provides detail information about the applicant's physical clinic locations including physical address, counties served, zip codes served, and clinic's hours of operations. Applicants must use the < CBPCC Clinic Site Table> excel file template.*
2. Annual Operating Budget Information  
*Clinic should maintain an annual operating budget, covering a 12 month fiscal year, approved by its governing board. Applicants are asked to complete the < SFY2018 CBPCC Operating Budget Form> template to provide summary-level information about the clinic's operating budget (expenses and revenue)*

#### **SECTION A.3: AID-TO-LOCAL APPLICATION**

This section is intended to provide information will be used during the external review process. Additionally, this information provided will be used to update individual grantee snapshots posted on the CBPCC Program web-page.

#### DOCUMENTS TO BE UPLOADED IN SECTION:

1. SFY 2018 CBPCC Program Compliance Attestation form  
*RETURNING and NEW Clinics are expected to fully meeting the provisions and requirements outlined in the KDHE's Aid-to-Local and CBPCC Program contracts. As such, applicants must complete < CBPCC Program Compliance Attestation> form provided, confirm its organization's compliance with these requirements.*
2. SFY 2018 CBPCC Grant Application form  
Applicants complete the < SFY 2018 CBPCC Grant Application> document and upload into catalyst. This document is provided in two different formats - PDF form or a Microsoft Word form. Additional details regarding the grant applications questions and scoring of each section is provided on page 7.
3. Example of community engagement / collaboration with partners (limit 5 pages)  
*For example, a copy of a recent newsletter or news article featuring clinic's involvement in the community.* This information will be included in the clinic's CBPCC grant application packet sent out to external reviewers.

## **SFY 2018 CBPCC EXTERNAL REVIEW GRANT APPLICATION QUESTIONS & SCORING**

### ***SECTION 1: LOCAL COMMUNITY DATA***

This section focuses on the clinic's involvement in the community health/needs assessment process, how the process has impacted clinic practice and strategic decisions, and the clinic's relationships with community partners and provide examples of community collaboration. All Applicants must complete this section

**Questions 1-2:** The clinic's advisory/governing board's progress in reviewing local unmet community health needs, and how the information has been used to inform decisions regarding types of services provided and how the services are delivered.

**Question 3:** Clinic's involvement in the local community-wide health/needs assessment (CHA/CHNA) process community improvement/implementations plan activities.

[Kansas Health Matters' Community Health Assessment Improvement Resources & Tools](#)<sup>1</sup>

**Question 4:** How your clinic's strategic priorities align with the priorities established by the community-wide health/needs assessment. If none, explain the clinic's strategic priorities selected and how they support your patient population.

**Question 5:** One or more specific examples of activities your clinic has collaborated on with one of your community partners over the past calendar year.

**Question 6:** Description of clinic's relationship with local health organizations, including: local hospital, local health department, and community mental health center.

**Question 7:** Description of the clinic's relationship with community partners, including: service clinics or private practices, faith-based groups, private businesses, and non-profits.

**Question 8:** One or more specific examples of activities your clinic has collaborated on with one of your community partners over the past calendar year.

**Question 9:** How your clinic plans to develop new partnerships or strengthen existing partnerships to ensure comprehensive primary care services are provided.

<b>Scoring Rubric: Local Community Data Section</b>	<b>Point Values</b>
Applicant effectively described efforts of its Community Board to set and review priorities for the clinic through periodic review of local unmet community health need. (Questions 1 and 2)	1 = not acceptable 2 = unsatisfactory 3 = satisfactory/meets criteria 4 = superior/slightly exceeds criteria 5 = exceptional/exceeds criteria
Applicant is involved in the community-wide efforts to community health assessment and improvement planning efforts. (Question 3)	1 = unsatisfactory 2 = satisfactory/meets criteria 3 = superior/ exceeds criteria
Applicant effectively described efforts to address community health priorities and link clinic's strategic priorities with the health priorities of the community. (Questions 4 and 5)	1 = unsatisfactory 2 = satisfactory/meets criteria 3 = superior/ exceeds criteria

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<sup>1</sup>Direct Link to Kansas Health Matters Resource Page

[http://www.kansashealthmatters.org/index.php?module=Tiles&controller=index&action=display&alias=HA1\\_Page](http://www.kansashealthmatters.org/index.php?module=Tiles&controller=index&action=display&alias=HA1_Page)

Applicant effectively described strong collaboration with local hospital, public health agency, and community mental health centers. (Question 6)	1 = not acceptable 2 = unsatisfactory 3 = satisfactory/meets criteria 4 = superior/slightly exceeds criteria 5 = exceptional/exceeds criteria
Applicant effectively described strong collaboration with other community organizations. (Question 7)	1 = unsatisfactory 2 = satisfactory/meets criteria 3 = superior/ exceeds criteria
Applicant effectively described examples of community engagement and plans to build new or expand existing partnerships to strengthen services provided. (Questions 8 and 9)	1 = not acceptable 2 = unsatisfactory 3 = satisfactory/meets criteria 4 = superior/slightly exceeds criteria 5 = exceptional/exceeds criteria

## SECTION 2: PRIMARY MEDICAL CARE FUNDING REQUEST

Applicants requesting funds to support general primary care services must complete this section

**Question 1:** Clinic's activities/efforts related to care coordination and/or patient-centered medical home.

### Patient-Centered Medical Home

Definition: a care delivery model whereby patient treatment is coordinated through their primary care physician/provider to ensure they receive the necessary care when and where they need it, in a manner they can understand.

Resources: [Patient-Centered Primary Care Collaborative, Defining the Medical Home](#)<sup>2</sup>  
[Overview of the Patient-Centered Medical Home, KU Center for Children & Families](#)<sup>3</sup>

### Care coordination

Definition: the deliberate organization of patient care activities between two or more participants involved in a patient's care to facilitate the appropriate delivery of health care services.

Resource: [Care Coordination in Rural Communities, RUPRI Health Panel](#)<sup>4</sup>

**Question 2:** Clinic's medical services and patient reach trends and the factors which affect clinic's trend in the number of visits complete and patients seen.

**Question 3:** Clinic's patient educational and health promotion activities.

**Question 4:** Clinic's outreach activities to engage targeted population and promote the use of clinic's services.

**Questions 5-6:** Clinic's objectives for SFY 2018 grant year and planned activities to accomplish objectives.

Resources: [Develop SMART Objectives, CDC](#)<sup>5</sup>

<sup>2</sup> Direct Link to Patient-Centered Primary Care Collaborative, Defining the Medical Home webpage  
<https://www.pcpcc.org/about/medical-home>

<sup>3</sup> Direct Link to Overview of the Patient-Centered Medical Home Guide by KU Center for Children & Families  
<https://childrenandfamilies.ku.edu/sites/childrenandfamilies.ku.edu/files/docs/Overview%20of%20PCMH%20for%20PCORI%20Rural%20PCMH%20Project%2004.27.15.pdf>

<sup>4</sup> Direct Link to the Care Coordination in Rural Communities Guide by RUPRI Health Panel  
<http://www.rupri.org/wp-content/uploads/2014/09/Care-Coordination-in-Rural-Communities-Supporting-the-High-Performance-Rural-Health-System.-RUPRI-Health-Panel.-June-2015.pdf>

<sup>5</sup> Develop SMART Objectives by CDC [https://www.cdc.gov/phcommunities/resourcekit/evaluate/smart\\_objectives.html](https://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html)



**Questions 7-8:** How the clinic will measure progress and results/outcomes of activities.

**Questions 9-10:** Example of a quality improvement activity completed during the past calendar year and planned QI activity for new calendar year.

Definition: Quality improvement (QI) consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.

**Question 11:** How clinic intends to use grant funds to improve patient medical outcomes.

Scoring Rubric: Primary Medical Care Request Section	Point Values
Applicant effectively described efforts and actively engaged in care coordination and patient-centered medical home activities. (Question 1)	1 = not acceptable 2 = unsatisfactory 3 = satisfactory/meets criteria 4 = superior/slightly exceeds criteria 5 = exceptional/exceeds criteria
Applicant has effectively described a steady level in services provided and patients seen over the past three years. (Question 2)	1 = not acceptable 2 = unsatisfactory 3 = satisfactory/meets criteria 4 = superior/slightly exceeds criteria 5 = exceptional/exceeds criteria
Applicant has effectively described patient education and health promotion activities. (Question 3)	1 = unsatisfactory 2 = satisfactory/meets criteria 3 = superior/ exceeds criteria
Applicant has effectively described outreach efforts. (Question 4)	1 = unsatisfactory 2 = satisfactory/meets criteria 3 = superior/ exceeds criteria
Applicant has provided SMART (Specific-Measurable-Achievable-Relevant-Time-bound) Objective (Question 5)	1 = unsatisfactory 2 = satisfactory/meets criteria 3 = superior/ exceeds criteria
Applicant has reasonable/tangible objective(s) for the grant year and has effectively described the clinic's planned activities to accomplish the objective(s) (Questions 5 & 6)	1 = not acceptable 2 = unsatisfactory 3 = satisfactory/meets criteria 4 = superior/slightly exceeds criteria 5 = exceptional/exceeds criteria
Applicant has effectively described how the clinic will measure progress on the activities listed above. (Question 7)	1 = unsatisfactory 2 = satisfactory/meets criteria 3 = superior/ exceeds criteria
Applicant has effectively described how the clinic will measure results/outcomes of the activities listed above. (Question 8)	1 = unsatisfactory 2 = satisfactory/meets criteria 3 = superior/ exceeds criteria

<sup>6</sup> Creating Objectives, Community Toolbox <http://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/create-objectives/main>

<sup>7</sup> SMART Objectives, Minnesota Department of Health  
<http://www.health.state.mn.us/divs/opi/qi/toolbox/objectives.html>

Applicant effectively described what quality improvement activity the clinic implemented this past year and described what quality improvement activities will be conducted in the next year. (Questions 9 and 10)	1 = not acceptable 2 = unsatisfactory 3 = satisfactory/meets criteria 4 = superior/slightly exceeds criteria 5 = exceptional/exceeds criteria
Applicant effectively described how the grant funds will be used to improve patient outcomes. (Question 11)	1 = unsatisfactory 2 = satisfactory/meets criteria 3 = superior/ exceeds criteria

### ***SECTION 3: DENTAL ASSISTANCE FUNDING REQUEST***

Applicants requesting funds to support dental/oral health services must complete this section

**Question 1:** Clinic activities/efforts to integrate primary care and dental health services.

Resource: [HRSA Integration of Oral Health and Primary Care Practice Resource Guide](#)<sup>8</sup>

**Question 2:** Clinic's dental services and patient reach trends and the factors which affect clinic's trend in the number of visits complete and patients seen.

**Question 3:** Clinic activities/efforts related to patient education and involvement in KDHE's Bureau of Oral health's initiatives.

**Questions 4:** Clinic's outreach activities to engage target population and promote the use of clinic services.

**Questions 5-6:** Clinic's objectives for SFY 2018 grant year and planned activities to accomplish objectives.

Resources: [Develop SMART Objectives, CDC](#)  
[Creating Objectives, Community Toolbox](#)  
[SMART Objectives, Minnesota Department of Health](#)

**Questions 7-8:** How the clinic will measure progress and results/outcomes of activities.

**Questions 9-10:** Example of a dental-related QI activity implemented during the past calendar year, and planned QI activity for new calendar year.

Definition: Quality improvement (QI) consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.

**Question 11:** How clinic intends to use grant funds to improve patient dental outcomes.

<b>Scoring Rubric: Dental Assistance Request Section</b>	<b>Point Values</b>
Applicant effectively described activities and /or efforts to integrate primary care and dental health services. (Question 1)	1 = unsatisfactory 2 = satisfactory/meets criteria 3 = superior/ exceeds criteria
Applicant has effectively described a steady level of services provided and patients seen over the past three years. (Question 2)	1 = not acceptable 2 = unsatisfactory 3 = satisfactory/meets criteria 4 = superior/slightly exceeds criteria

<sup>8</sup> Direct Link to HRSA Integration of Oral Health and Primary Care Practice Resource Guide  
<https://www.hrsa.gov/publichealth/clinical/oralhealth/primarycare/integrationoforalhealth.pdf>

	5 = exceptional/exceeds criteria
Applicant effectively described patient education and health promotion efforts. (Question 3)	1 = unsatisfactory 2 = satisfactory/meets criteria 3 = superior/ exceeds criteria 4 = superior/slightly exceeds criteria 5 = exceptional/exceeds criteria
Applicant has effectively described outreach efforts. (Question 4)	1 = unsatisfactory 2 = satisfactory/meets criteria 3 = superior/ exceeds criteria
Applicant has provided SMART (Specific-Measurable-Achievable-Relevant-Time-bound) Objective. (Question 5)	1 = unsatisfactory 2 = satisfactory/meets criteria 3 = superior/ exceeds criteria
Applicant has reasonable/tangible objective(s) for the grant year and has effectively described the clinic's planned activities to accomplish the objective(s). (Questions 5 & 6)	1 = not acceptable 2 = unsatisfactory 3 = satisfactory/meets criteria 4 = superior/slightly exceeds criteria 5 = exceptional/exceeds criteria
Applicant has effectively described how the clinic will measure progress on the activities listed above. (Question 7)	1 = unsatisfactory 2 = satisfactory/meets criteria 3 = superior/ exceeds criteria
Applicant has effectively described how the clinic will measure results/outcomes of the activities listed above. (Question 8)	1 = unsatisfactory 2 = satisfactory/meets criteria 3 = superior/ exceeds criteria
Applicant effectively described what quality improvement activity the clinic implemented this past year and described what quality improvement activities will be conducted in the next year. (Question 9 & 10)	1 = not acceptable 2 = unsatisfactory 3 = satisfactory/meets criteria 4 = superior/slightly exceeds criteria 5 = exceptional/exceeds criteria
Applicant effectively described how the grant funds will be used to improve patient outcomes. (Questions 11)	1 = unsatisfactory 2 = satisfactory/meets criteria 3 = superior/ exceeds criteria

## **CONTACT INFORMATION**

To make an appointment to speak with a staff member over the phone, please use the Sign Up Genius System to schedule a 30-minute to 1-hour call. Appointments are available for general questions at: [www.SignUpGenius.com/go/409054BA8AB2CA7F49-cbpcc](http://www.SignUpGenius.com/go/409054BA8AB2CA7F49-cbpcc). Appointments are available for FSR and Budgeting questions at: <http://www.signupgenius.com/go/409054BA8AB2CA7F49-cbpcc1>.

Primary Care Office: [primarycare@ks.gov](mailto:primarycare@ks.gov)

Beeta Kashani, Program Coordinator:  
785-291-3819  
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